

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058168

1. Entity Name

ALL BUSINESS TRADING CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90042 009 ***150.00

Principal Place of Business

Mailing Address

7468 UNIVERSAL BOULEVARD
ORLANDO FL 32819

7468 UNIVERSAL BOULEVARD
ORLANDO FL 32819-8524
US

2. Principal Place of Business

7802 KINGSDOINTE PKWY

3. Mailing Address

7802 KINGSDOINTE PKWY

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

ORLANDO / FLORIDA

City & State

ORLANDO / FLORIDA

4. FEI Number

65-0764790

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, NORBERTO R
446 WATER STREET
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

MARIO CESAR BRAGA

Street Address (P.O. Box Number is Not Acceptable)

554 WATER STREET

City

CELEBRATION

FL

Zip Code

34747

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/18/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME BRAGA, MARIO
STREET ADDRESS 438 WATER STREET
CITY-ST-ZIP CELEBRATION FL 34747

☐ Delete

TITLE VPSD
NAME DUARTE, NORBERTO R
STREET ADDRESS 446 WATER STREET
CITY-ST-ZIP CELEBRATION FL 34747

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/00

Date

(407) 3557810

Daytime Phone #

CR2E034 (9/99)